CHANGEMATRIX

Nevada State Heath Division Integration of Cultural and Linguistic Competence into Service Delivery

DAY 3 AGENDA

- Reflections
- Review and Share Personal Action Plans
- Develop Call to Action
- Address Organizational Shifts
- Assess Organizational and Professional Development
- Workshop Evaluation
- Closing Remarks and Celebration

Developing a Call to Action

- People typically change because of what they feel rather than what they know
- Developing a message/call to action/change vision provides a clear direction
- Make the vision about how change will benefit the consumer.
- A measure of success is that the call shows up in other places.

Call to Action

- We commit to integrating CLC throughout the health department to provide a safe and accepting environment for all to tell stories, express individual cultures, meaningfully connect, and be heard while acknowledging similarities and differences. It is with this respect, compassion, and knowledge that we as professionals will work more effectively to promote better outcomes for all communities in Nevada

The Vision for CLC

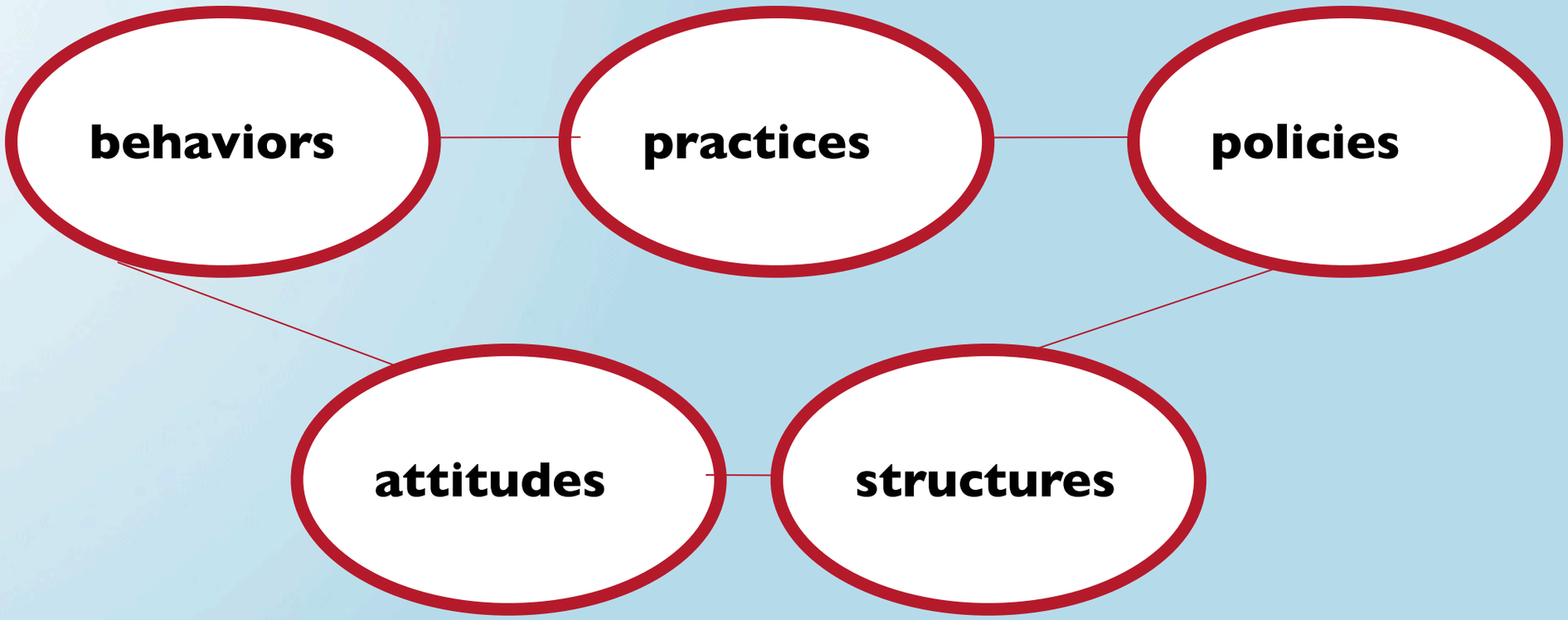
Health care in Nevada is delivered to all with respect to every individual in a manner that is consistent with CLAS standards, codified in state legislation, and ranks among the top in the nation. Health care of this quality is achieved in partnership with diverse, grass roots communities, and is supported by data.

Health Department Mission

The Nevada State Health Division promotes and protects the health of all Nevadans and visitors to the state through its leadership in public health and enforcement of laws and regulations pertaining to public health. In fulfilling its mission, the Nevada State Health Division is guided by the State Board of Health and administers four bureau.

Address Organizational Shifts

Cultural Competence



requires that organizations have a clearly defined, congruent set of values and principles, and demonstrate behaviors, attitudes, policies, structures, and practices that enable them to work effectively cross-culturally

Cross, T., Bazron, B., Dennis, K., & Isaacs, M., (1989). Towards A Culturally Competent System of Care Volume I. Washington, DC: Georgetown University Child Development Center, CASSP Technical Assistance Center

Essential Elements: Culturally Competent Systems

These five elements must be manifested at every level of an organization including:

- policy making
- administrative
- practice/service delivery
- consumer/family
- community

Cross, T., Bazron, B., Dennis, K., & Isaacs, M., (1989). Towards A Culturally Competent System of Care Volume I. Washington, DC: Georgetown University Child Development Center, CASSP Technical Assistance Center

Elements of Cultural Competence

Organizational Level

- value diversity
- conduct cultural self-assessment
- manage the dynamics of difference
- institutionalize cultural knowledge
- adapt to diversity
  - policies structure
  - values services

Cross, T., Bazron, B., Dennis, K., & Isaacs, M., (1989). Towards A Culturally Competent System of Care Volume I. Washington, DC: Georgetown University Child Development Center, CASSP Technical Assistance Center

Elements of Cultural Competence

Individual Level

- acknowledge cultural differences
- understand your own culture
- engage in self-assessment
- acquire cultural knowledge & skills
- view behavior within a cultural context

Cross, T., Bazron, B., Dennis, K., & Isaacs, M., (1989). Towards A Culturally Competent System of Care Volume I. Washington, DC: Georgetown University Child Development Center, CASSP Technical Assistance Center

Major Values and Principles - Culturally Competent System

- The family as defined by each culture is the primary system of support and preferred intervention.
- Practice is driven in the service delivery system by culturally preferred choices, not by culturally blind or culturally free

Cross, T., Bazron, B., Dennis, K., & Isaacs, M., (1989). Towards A Culturally Competent System of Care Volume I. Washington, DC: Georgetown University Child Development Center, CASSP Technical Assistance Center

Major Values and Principles - Culturally Competent System

- Cultural competence involves understanding cultural preferences in order to support client self-determination
- Cultural competence involves working in conjunction with natural, informal support and helping networks within racially and ethnically diverse communities

Cross, T., Bazron, B., Dennis, K., & Isaacs, M., (1989). Towards A Culturally Competent System of Care Volume I. Washington, DC: Georgetown University Child Development Center, CASSP Technical Assistance Center

Major Values and Principles - Culturally Competent System

- The system must sanction and in some cases mandate the incorporation of cultural knowledge into practice and policy making

Cross, T., Bazron, B., Dennis, K., & Isaacs, M., (1989). Towards A Culturally Competent System of Care Volume I. Washington, DC: Georgetown University Child Development Center, CASSP Technical Assistance Center

Integrating Cultural Competence

- ✓ vision and mission statement
- ✓ organizational philosophy
- ✓ guiding principles
- ✓ workforce development
- ✓ contracting procedures and funding announcements
- ✓ provision of types of programs & services
- ✓ community outreach & capacity building
- ✓ research design & methodology
- ✓ MIS/data systems development

adapted from National Center for Cultural Competence, Georgetown University Center for Child and Human Development materials on cultural competence

Integrating Cultural Competence Administrative Level

- ✓ agency self-assessment
- ✓ recruit, retain and manage a diverse workforce
- ✓ insure for a well-trained and competent workforce
- ✓ service delivery adapted to community and cultural context
- ✓ contracting & grant procedures adapted to ensure CLC
- ✓ provision of interpretation and translating services
- ✓ community engagement & meaningful involvement
- ✓ research methodology - PAR (participatory action research)
- ✓ data collection - REAL (racial, ethnic, primary language)

adapted from National Center for Cultural Competence, Georgetown University Center for Child and Human Development materials on cultural competence

Integrating Cultural Competence

- ✓ acknowledge cultural differences
- ✓ understand your own culture
- ✓ recognize the dynamics of difference
- ✓ acquire cultural knowledge
- ✓ view behavior within a cultural context
- ✓ modify approaches to health education, teaching, evaluation and service delivery
- ✓ lead efforts to integrate CLC within programs and initiatives
- ✓ serve as guardian for the values, beliefs, and attitudes that support integration of CLC

adapted from National Center for Cultural Competence, Georgetown University Center for Child and Human Development materials on cultural competence

Integrating Cultural Competence
Community Level

- ✓ support advocacy of NHSD programs & services
- ✓ develop partnerships with diverse stakeholders
- ✓ create and support advisory groups
- ✓ ensure board membership that is diverse & representative of communities
- ✓ engage with community brokers and knowledge beacons to effectively impact communities

adapted from National Center for Cultural Competence, Georgetown University Center for Child and Human Development materials on cultural competence

CLC Case Studies

Health Care Interpretation Project

L.A. Care Health Plan, Los Angeles, CA

- Initiated and developed a two-part training series at no cost to providers to improve the skills of bilingual staff who serve as interpreters in health care settings. The training was comprehensive and offered continuing education credits.
- Improved communication between providers and limited English proficient (LEP) patients through various techniques, tools, and resources.
- Improved patient compliance and satisfaction.
- Yielded positive feedback from providers and staff who function as interpreters.
- Resulted in an overall cost savings of over $183,500 and trained 258 health care providers.

Migrant Clinicians Network Prenatal Care Program

DeSoto County Heath Department, Florida

The program maintains continuity of care for expectant mothers who move during their pregnancy through a prenatal care coordination program. Program staff assist expectant mothers and their health care providers throughout the course of their pregnancy, with the goal of bridging gaps in care and improving health outcomes. Key elements of the program include the following:

Patient enrollment: Pregnant migrant women receive referrals to the program, typically from outreach workers.

Periodic calls to coordinate care: Bilingual, culturally competent staff (known as "health network associates") contact patients regularly to check on their status and encourage continuity of care. Staff provide several services during these phone calls, including educational advice and support, updating of contact information, finding needed services (including obstetric clinics and medications) in the local area, and scheduling appointments.

Maintenance of patient records: The program maintains a central storehouse of enrollee medical records. A patient's health care provider (regardless of geographic location) can call the program's toll-free line to request an up-to-date copy of the patient's medical record. Program staff can also find health care providers for patients before they move, transferring medical records to them to enhance continuity of care.

Health network cards: Enrollees receive wallet-sized health network cards that can easily be carried wherever they go. The toll-free number on the card enables health clinics to call for the patient's medical records if necessary.

Alaska Dental Health Aide Program

Alaska Native Tribal Health Consortium (ANTHC)

The Alaska Dental Health Aide program enhances access to dental care by training dental health aide therapists to provide culturally appropriate education and routine dental services to high-risk residents of rural Alaska villages without the direct supervision of a dentist. These dental therapists possess the language skills and cultural fluency needed to be effective advocates of oral care in their home region and offer oral health services never before available in frontier Alaska. Key elements of the program are:

- **Recruitment:** Regional Alaska Native health organizations recruit dental therapist candidates, mostly tribal members, in their regions.
- **Training:** Dental therapists complete a 2-year training program that includes 2,400 hours of classroom training and clinical experience.
- **Protracted preceptorship:** After training, dental therapists return to their home communities and undergo a 400-hour practical experience and training under the supervision of a dentist who is employed by a recognized tribal health organization and located in a hospital that serves the village.
- **Telehealth network:** Each supervising dentist is located in the hub hospital that serves the respective village and is connected to the dental therapist via a telehealth network that allows the transfer of real-time digital images from remote locations.
- **Certification:** Dental therapists must meet the qualifications outlined in the Federal Community

Assessing Integration of Cultural & Linguistic Competence

Overview

- A New Era
- Managing for Results
- Identifying organizational outcomes

A New Era

- What gets measured gets done.
- If you don't measure results, you can't tell success from failure.
- If can can't see success, you can't reward it.
- If you can't reward success, you're probably rewarding failure.

- If you can't see success, you can't learn from it.
- If you can't recognize failure, you can't correct it.
- If you can demonstrate results, you can win public support

Osborne and Gaebler, 1992 in Patton, 1997

(Even if you can get a pig to fly,

it doesn't count if you don't measure it.)

Key Concepts in Managing for Results

Outcomes Planning

Process of identifying a:

- limited number of
- high priority,
- problem-focused,
- reasonably ambitious,
- measurable, and
- outcome-oriented goals

SMART Outcomes

- **S** imple & straightforward
- **M** easurable
- **A** ttainable & appropriate
- **R** elevant
- **T** imely

Logic Models

Situation

Inputs Resources	Activities	Outputs	Outcomes

Why? What will you do? What results?

Logic Model Component: OUTPUTS

What we produce	Who we reach
ACTIVITIES Number of: Services Trainings Workshops/Meetings Findings Models Tools Products Publications	PARTICIPATION Number of: Participants Clients Customers Users

Logic Model Component: OUTCOMES

What results for children, families, agencies, communities…		
SHORT Learning Awareness Knowledge Attitudes Skills Opinion Aspirations Motivation	INTERMEDIATE Action Behavior Practice Decisions Policies Social Action	LONG-TERM Conditions Human Economic Civic Environment

Different Types of Outcomes

Individual • Child, parent, client	**Short Term** • Awareness • Knowledge
Group • Family, team	**Intermediate** • Behavior • Practice
Organization	
System	**Long Term** • Human • Economic
Community, State	

Strategic Direction Directions for Integrating CLC

- Education
- Organizational Cultural Shift
- Workforce Development
- Development of Executive/ Administrative Policies
- Evaluation Accountability

A Strategic Framework for Improving Racial/Ethnic Minority Health and Eliminating Racial/Ethnic Health Disparities

OUTCOMES & IMPACTS

Individual-level

- Increased awareness/knowledge about disease prevention, risk reduction and treatment and management for racial/ethnic minorities
- Improved attitudes/beliefs conducive to health and health-seeking behaviors among racial/ethnic minorities
- Increased skills for racial/ethnic minorities to adopt healthy lifestyle behaviors
- Increased patient satisfaction with patient-provider communications and interactions.
- Increased patient adherence to prescribed treatment regimens
- Increased engagement in/adoption of healthy lifestyle and appropriate health-seeking behaviors; reduced engagement in/adoption of risky behaviors
- Reduced morbidity and mortality

HHS Office of Minority Health (2008). A Strategic Framework for Improving Racial/Ethic Minority Health and Eliminating Racial/Ethnic Health Disparities

Provider-level

- Increased awareness/knowledge about disease prevention, risk reduction and treatment and management for racial/ethnic minorities
- Improved attitudes/beliefs conducive to health and health-seeking behaviors among racial/ethnic minorities
- Improved attitudes/beliefs among health care/human service providers and researchers conducive to meeting the needs of racial/ethnic minorities
- Increased skills for public health/health care providers and other service professionals to provide culturally and linguistically appropriate services (CLAS)
- Increased awareness/knowledge about racial/ethnic minority health problems and racial/ethnic health disparities among racial/ethnic minorities, among public health/health care providers and service professionals

HHS Office of Minority Health (2008). A Strategic Framework for Improving Racial/Ethic Minority Health and Eliminating Racial/Ethnic Health Disparities

Environment- and Community-Level

Decreased exposure to risks in the physical environment

- Increased awareness/knowledge about racial/ethnic minority health problems and racial/ethnic health disparities among racial/ethnic minorities in the general public
- Increased health-conducive changes in community attitudes, values and norms
- Increased community assets that are protective of the health and well-being of its residents (e.g., health centers in underserved communities, neighborhood restaurants and grocers with healthy food options, faith-based organizations, gathering places)

HHS Office of Minority Health (2008). A Strategic Framework for Improving Racial/Ethic Minority Health and Eliminating Racial/Ethnic Health Disparities

Environment- and Community-Level

Increased number of active organizations and family or social networks that meet the social needs and promote the general health and well-being of racial/ethnic minority populations in the community (e.g., church groups, social clubs, recreational and after-school programs)

- Increased health care access and appropriate utilization
- Increased number of plans and policies that promote and protect health and well-being at the community, state and national levels, in general, and for racial/ethnic minorities, in particular
- Increased engagement in/adoption of healthy lifestyle and appropriate health-seeking behaviors, reduced engagement in/adoption of risky behaviors

HHS Office of Minority Health (2008). A Strategic Framework for Improving Racial/Ethic Minority Health and Eliminating Racial/Ethnic Health Disparities

System-Level Outcomes and Impacts

- Increased inputs, assets and other resources allocated for racial/ethnic minority health and health disparities–in general and for specific priorities
- Increased dedicated assets and other resources for minority health/health disparities (including, but not limited to, state offices of minority health) and related priorities (as reflected in administrative, legislative, budgetary and other mandates)
- Increased formal partnerships and collaboration leading to coordination/leveraging of resources for greater efficiency, and enhanced effectiveness of minority health/health disparities initiatives

HHS Office of Minority Health (2008). A Strategic Framework for Improving Racial/Ethic Minority Health and Eliminating Racial/Ethnic Health Disparities

System-Level Outcomes and Impacts

Increased strategic planning and implementation of plans, with clearly articulated goals and objectives, for racial/ethnic minority health improvement and health disparities reduction

- Increased integration of evaluation, performance measurement and monitoring, and continuous improvement in planning and implementation of racial/ethnic minority health and health disparities efforts
- Increased collection, dissemination and use of racial/ethnic data for planning, quality assurance and performance monitoring/ improvement purposes (e.g., to assess whether clinical care guidelines for specific diseases are being employed consistently and appropriately, to address health care disparities)

HHS Office of Minority Health (2008). A Strategic Framework for Improving Racial/Ethic Minority Health and Eliminating Racial/Ethnic Health Disparities

System-Level Outcomes and Impacts

- Improved system design characteristics that are directed to specific racial/ethnic minority health needs, such as the need to address cultural and linguistic differences, promote trust and trustworthiness, etc., (with measures that focus on, for example, increased involvement/participation of racial/ethnic minorities or representatives in health care quality and research initiatives, increased adoption of CLAS standards by health plans, and/or increased diversity in the public health/health care workforce)
- Increased knowledge development/science base about successful strategies and practices for improving racial/ethnic minority health and reducing health disparities

HHS Office of Minority Health (2008). A Strategic Framework for Improving Racial/Ethic Minority Health and Eliminating Racial/Ethnic Health Disparities

Identify Top Five Objectives, Outcomes, and Measures

What's different about assessing advocacy & policy change?

- Be real about real-time feedback.
- Give "interim" outcomes the respect they deserve.
- Design evaluations that advocates can and actually want to do.
- Be creative and forward looking.

Coffman, J. (2007) What's different about evaluating advocacy and policy change? *The Evaluation Exchange*. Vol. XIII (1), 2-4.

Menu of Outcomes for Advocacy and Policy Work

SIX DISTINCT OUTCOME CATEGORIES

- Shifts in social norms
- Strengthened organizational capacity
- Strengthened alliances
- Strengthened base of support
- Improved policies
- Changes in impact

Reisman, J., Gienapp, A., Stachowiak, S. (2007) A Guide to Measuring Advocacy and Policy. *The Evaluation Exchange*. Vol. XIII (1), 22-23

Shifts in Social Norms

Examples of outcomes

- Changes in awareness
- Increased agreement about the definition of a problem (e.g., common language)
- Changes in beliefs
- Changes in attitudes
- Changes in values

Reisman, J., Gienapp, A., Stachowiak, S. (2007) A Guide to Measuring Advocacy and Policy. *The Evaluation Exchange*. Vol. XIII (1), 22-23

Strengthened Organizational Capacity

Examples of outcomes

- Improved management of organizational capacity
- Improved strategic abilities
- Improved capacity to communicate and promote messages of organizations

Reisman, J., Gienapp, A., Stachowiak, S. (2007) A Guide to Measuring Advocacy and Policy. *The Evaluation Exchange*. Vol. XIII (1), 22-23

Improved Policies

Examples of outcomes

- Policy development
- Policy adoption
- Policy implementation
- Policy enforcement

Reisman, J., Gienapp, A., Stachowiak, S. (2007) A Guide to Measuring Advocacy and Policy. *The Evaluation Exchange*. Vol. XIII (1), 22-23

Decision Points

Workshop Evaluation

Closing Remarks and Celebration